## **Community Saltwater Disposal System Notification**

## Office of Conservation Injection & Mining Division P.O. Box 94275 Baton Rouge, LA 70804-9275

UIC-13 TYPE or PRINT

Operator Name and Address:		Operator Code:  Phone ( )  Serial No.					
Community Well Name and Number:							
Field:	Parish:	Sec.	Twp.		ng.		
Provide the following information disposal well and system:	tion for each producing well t		ing the abo	ve-liste	ed comm	unity	
Operator	Well Name & No.	Serial No.	bbls sw/mo.	Transportation By			
		Geriai No.		Truck	Pipeline	Other	
				"	"	"	
				"	"	"	
				"	"	"	
				"	"	"	
				"	"	"	
				"	"	"	
				"	"	"	
				"	"	"	
I,	commercial operation and that o	perators using the equipment. Attace the above-reference to the abov	the commun ne system sh ched to this d enced well fo	ity dispo are only locumer	esal well(so in the cop	s) and ost of ies of	
(Signature) (Da			ate)				

Form UIC-13 -1- Rev. 3/98

## **INSTRUCTIONS**

- 1. Form UIC-13 must be completed and submitted to the Injection and Mining Division for review and approval <u>before</u> a well may be utilized as a Community Saltwater Disposal Well.
- 2. For each producing well identified in Part 5, indicate which method of transportation is used to transport the saltwater to the community well.
- 3. Sign and date the certification at the bottom of the form prior to mailing to the following address:

Office of Conservation

Injection and Mining Division

P O Box 94275

Baton Rouge, Louisiana 70804-9275

4. Attach a copy of each <u>operating agreement</u> for each operator wishing to utilize the community disposal well and system. Each agreement must be signed by both parties.

(continued from front)

Operator	Well Name & No.	Serial No.	bbls sw/mo.	Transportation By		
				Truck	Pipeline	Other
				"	"	"
				"	"	"
				"	"	"
				"	"	"
				"	"	"
				"	"	"
				"	"	"
				"	"	"
				"	"	"
				"	"	"